## PLEASE call this office prior to mailing in the form and fees in order to verify that a GED Diploma is on file. This will assist in processing your request. Thank you.

## **VERIFICATION LETTER REQUEST FORM**

**RETURN TO:** *Iowa Department of Education* 

Attn: GED Records Specialist Bureau of Community Colleges Grimes State Office Building Des Moines, IA 50319-0146

Instructions: Please complete this section in order to locate your record.

515-281-7308 Phone 515-281-6544 Fax

I am requesting a letter of verification be sent to the below listed address that I have satisfactorily completed the comprehensive tests for the determining general educational achievement equivalent to high school graduation, was awarded the Iowa High School Equivalency Diploma by the State of Iowa, Department of Education.

The letter should have my name as presented on my Iowa High School Equivalency Diploma, my Social Security Number, Date of Birth, the Issue Date of Completion, and if necessary, a copy of this request form as an attachment.

*Name on Diploma -Lastname, Firstnam	e, Middle	Date Diploma Issued -	mm/dd/yy	Diploma #
*Social Security Number - 000-00-0000		*Date of Birth - mm/dd/y	y	
*Street	*City		*State	*Zip Code
Instructions: Complete this section to a Department of Education. (i.e. employe				ter should be sent by the Iowa
*Name			Contact Person's Phone # (if needed)	
*Street Address				
*Additional Address Information		Contact	Contact Person's Fax # (if needed)	
*State	*Zip Co	ode		
Thank you for your assistance in this m	natter.			
Authorized Signature		Today's Date	App	olicant's Phone #